

# Kids Come First : Phase II

*Safe Kids in Healthy Families*



DRAFT

*Comprehensive Reform Plan*

Washington State Department of Social and Health Services



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## Part I: General Information

Washington State Child and Family Services Review Program Improvement Plan	
<b>I. PIP General Information</b>	
ACF Region: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input checked="" type="checkbox"/>	
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Refer to Attachment A for a full list of Program Improvement Planning Workgroup Members	

## Part II: Introduction

### A. The State of Washington

Washington is divided into two geographically distinct areas by the Cascade Mountain range. West of the mountains, the Interstate 5 corridor is characterized by relatively prosperous urban areas ranging from Everett in the north to Vancouver on the Washington-Oregon border. The remainder of the western part of the state consists of rural areas and smaller communities traditionally dependent on logging and fishing. East of the mountains, agriculture is the largest industry and, though there are several urban centers, the area is mostly rural in character.

Washington is a state of six million people, 1.5 million of whom are under the age of 18. There are 29 federally recognized Tribes in Washington and a total Native American population of approximately 150,000. There are well-established African-American and Asian-American communities throughout the state. There is also a fast-growing Hispanic/Latino population which was originally concentrated in the agriculture and food processing industries of Eastern Washington, but is now expanding into both urban and rural areas all over the state. In addition, Washington is the new home to an ever-changing array of immigrants from Russia and other nations of the former Soviet Union, from both East and West Africa, and from Asia and the Pacific.

As of 2000, 10.6 percent of Washington's population had incomes below the federal poverty level, but the number has likely risen since then because of the current economic downturn. Washington currently has the second highest unemployment rate in the nation and economists predict that recovery will come more slowly here than in the rest of the country. In the past two decades, Washington's economy has become more sharply divided between the prosperity created by the software, biotech, and other new (and mostly urban) industries, and the poverty and unemployment created by declines in logging and fishing and increased global competition and automation in agriculture.

High unemployment and growth in the number of low-wage jobs with no benefits are creating both more demand for health and human services and less revenue with which to provide them. Like other states, Washington's legislature has been forced to cut the state's general fund budget and reduce the level of state funding for health and human services.

#### *Washington's Human Services System*

In the early 1970s, the Department of Social and Health Services (DSHS) was created as an umbrella agency to bring together state human service programs, so that people could receive comprehensive assistance. Although progress has been made, the goal

of integrating services has been elusive because of funding and regulatory barriers and trends toward increasing specialization of services. Today, integration of services - both within DSHS and with community partners - has re-emerged as a top priority. Service integration and alignment with community resources is now seen as a way to provide better client outcomes and to reduce costs by focusing on earlier, more comprehensive interventions that help individuals and families solve problems more quickly.

The Children's Administration (CA) is one of six administrations providing client services within DSHS. Other administrations include: Medical Assistance, Juvenile Rehabilitation, Economic Services, Health and Rehabilitative Services (which includes mental health, drug and alcohol treatment, vocational rehabilitation, and post-release mental health services for sex offenders), and Aging and Disability Services.

Most human services are provided by these DSHS agencies. However, counties and consortia of counties operate state-funded HMO-like organizations that provide mental health services and counties fund and provide most outpatient drug and alcohol treatment.

#### *The Children's Administration*

The Children's Administration is organized into six geographic regions, with 44 local field offices to provide services to children and families in their own communities.

The headquarters office in Olympia will be reorganized in July 2004 to better align the goals of CA with the organizational structure. CA headquarters is currently organized into four divisions and the Deputy Assistant Secretary Section:

- The Deputy Assistant Secretary (DAS) Section oversees quality assurance, continuous quality improvement, staff training and accreditation efforts.
- The Division of Licensed Resources (DLR) recruits, licenses, and monitors foster homes and other out-of-home care for children. The DLR Child Abuse/Neglect Section investigates allegations of abuse and neglect in licensed out-of-home care.
- The Division of Children and Family Services (DCFS) includes Child Protective Services, which investigates allegations of abuse and neglect in unlicensed care settings, Family Reconciliation Services and Child Welfare Services.
- The Division of Program and Policy Development provides leadership and coordination of policy, legislative relations and regulation.
- The Management Services Division provides data, research, human resources, federal funding oversight and fiscal support.

Regional Administrators oversee the provision of services in CA's 44 local and six regional offices. Field services are delivered through two divisions, the Division of Licensed Resources and the Division of Children and Family Services, which includes Child Protective Services (CPS), Child Welfare Services (CWS) Family Reconciliation Services (FRS), and the Alternative Response System (ARS).

The Children's Administration has approximately 2,700 employees, with a total 2003-2005 biennial budget of nearly \$900 million, of which 50 percent comes from the state's general fund.

In the last year, CA provided the following services:

- Responded to a total of 94,800 requests for services;
- Responded to 77,200 referrals of abuse and neglect, and 17,500 referrals for voluntary services;
- Accepted for investigation or referral to alternative services 37,300 referrals concerning 45,500 children;
- Supervised care of 18,000 children in out-of-home care;
- Made 7,100 new placements in out-of-home care and supervised over 7,000 exits from out-of-home care, including:
  - ✓ 4,909 reunifications with parents,
  - ✓ 1,204 adoptions, and
  - ✓ 593 guardianships.

### *The Child and Family Services Review*

The Children's Administration is making full use of the opportunity afforded by the Child and Family Services Review to assess agency strengths and challenges and to plan for the future. The CFSR is seen as an important developmental opportunity for the agency. Efforts will continue in the future to integrate the CFSR into CA's regular quality improvement activities and strategic planning process. An extensive, well-designed process with ample involvement of staff, providers, communities, families, foster parents and Tribes has been undertaken to identify and analyze issues in great detail. Special consultations with Tribes and Tribal organizations, focus groups with foster parents, development and analysis of new data, and meetings with providers and other partners have ensured a thorough examination of policy and practice at every level of the organization.

## **Part III: Summary of Findings from the Child and Family Services Review**

### **SAFETY**

Washington State did not achieve substantial conformity in the two Safety outcome areas in the CFSR.

With regard to Safety Outcome 1 (Children are first and foremost protected from abuse and neglect) the review found that while the majority of maltreatment reports were responded to in a timely manner, in some cases there was a delay in responding. The review also found that Washington State did not meet the federal standard regarding repeat maltreatment. The federal standard requires that no more than 6.1 percent of founded maltreatment cases have another founded referral of maltreatment within six months. The rate for Washington State was 10.8 percent. In relation to Safety outcome 2 (Children are maintained safely in their own homes) the review concluded that in some cases safety assessments and/or services were not sufficiently comprehensive to address risk of harm.

The lack of statewide consistency in practice was the major theme of the safety review findings. A lack of consistency was noted in regard to in responding to reports of maltreatment within agency established time frames, in completing quality safety assessments and safety plans, and in following through with the plans.

### **PERMANENCY**

The Child and Family Service Review (CSFR) determined that Washington State did not achieve substantial compliance in the two PERMANENCY outcome areas in the CFSR. In Permanency 1 (Children have permanency and stability in their living situations) Washington State did not quite meet the federal standard related to placement stability. The federal standard requires that 86.7 percent or more children experience no more than two placements within 12 months. The rate for Washington State was 83.7 percent. Also the Washington State rate for re-entry into foster care (14.8 percent) did not meet the federal standard (8.6) However, Washington State did meet the federal standard for re-unification of children with their families with 81.6 percent of children being re-unified within 12 months of placement compared to the federal standard of 76.2 percent.

Washington State was not in substantial conformity with the federal requirements related to Permanency 2 (The continuity of family relationships and connections is preserved for children). This permanency outcome focused on the practice of keeping families connected. This included out of home placements in proximity to family, placement with siblings, placement with relatives, and preserving connections by providing regular visitation between parents and children to maintain and improve

the parent/child bond, sibling visitation, and maintaining a child's heritage and their established ties to the community, school, and church activities.

The CFSR found consistency in efforts to place children in close proximity to their families and to place siblings together in foster care. However, areas of concern included a lack of consistent effort to promote frequent visitation between children and their parents and siblings in foster care, to seek and assess relatives as placement resources, to preserve children's connections to their families and heritage, and to support or promote the parent/child relationship.

## **WELL-BEING**

Washington State did not achieve substantial compliance in the three WELL-BEING outcome areas in the CFSR. Well-Being 1 (Families have enhanced capacity to provide for their children's needs) focuses on efforts to ensure that the service needs of children, parents, and foster parents are assessed and the necessary services are provided to meet the identified needs.

The key themes emerging from the review related to Well-Being 1 were the lack of consistency of practice regarding assessment of needs, the need for greater involvement of parents and children in the case planning process, the lack of involvement of fathers, and the need for greater face-to-face contact between social workers and the parents and children on their caseloads.

Well-Being 2 (Children receive appropriate services to meet their educational needs) focused on efforts to address the educational needs of children in out of home placements and in their own home. While substantial compliance was not obtained in the area of meeting the educational needs of the child, the overall compliance rate was fairly close to meeting the goal. In the area of meeting the educational needs of children, 95 percent of the cases were rated as strength for children in out-of-home care but only 50 percent for children in their own home. Increasing the educational services to children in their own home has raised the issue of the agency's right to intercede in voluntary service cases, other than offering advocacy and referral

The third outcome measure Well-Being 3 (Children receive adequate services to meet their physical and mental health needs) area of focus incorporated assessments of the child welfare agency's efforts to meet the children's physical health and mental health needs. Washington State did not achieve substantial conformity with federal requirements in this area.

Although it was noted that the physical health needs of children in foster care were most often being met, there was some inconsistency in practice and issues related to accessing dental and orthodontic care. With respect to mental health the review identified delays in the provision of mental health services for children and the scarcity of mental health services for children across the State. In addition, the review determined that in some of the in-home services cases, a mental health



assessment and/or mental health services were warranted but there was inconsistency in practice in responding to these needs.

### **SYSTEMIC FACTORS**

Washington State was given a strength rating in the area of operating a **Statewide Information System** that can readily identify the status, demographic characteristics, location, and goals for children in foster care. However, issues were raised regarding the cumbersome and complex nature of the legal and placement module in the information system and the fact that the Individualized Service and Safety Plan (ISSP) is not yet fully automated.

Washington State was rated not in substantial conformity with the systemic factor of **Case Review System**. The case review requirements include: written case plans developed jointly with the child and parents; court review of each child's dependency status every six months and timely annual permanency hearings; timely termination of parental rights; notification to foster parents of their right to participate in review hearings. The review concluded that Washington State had a strong system for Court review of the status of children, and that this system met federal requirements. However, the review found that caregivers are not consistently informed of these hearings and of their right to attend and be given an opportunity to be heard. The lack of consistent involvement of parents and children (particularly fathers) in the development of case plans was a continuing theme. A final identified concern was the delay, in some cases, in filing for termination of parental rights in accordance with the Adoption and Safe Families Act (ASFA). The lack of legal representation, continuances, and available court time were identified as factors contributing to these delays.

Washington State received a strength rating for their **Quality Assurance System** which ensures that children in foster care are provided quality services that protect the safety and health of the children. This system also focuses on outcomes and uses data and case reviews to improve safety, permanency, and well-being outcomes for children.

**Staff and Provider Training** was not rated as being in substantial conformity with federal requirements due to the finding that ongoing training, while available, was not required for staff or foster parents. However, initial training for staff and foster parents, and the extensive availability of ongoing training was noted as a strength.

The systemic factor of **Service Array** was rated not in substantial conformity with federal requirements as the review concluded the State has critical gaps in its service array in the areas of mental health services and substance abuse treatment, and has an insufficient pool of foster homes. Available services were not consistently accessible statewide and are not consistently individualized to meet cultural, language, and service needs of families and children.

Washington State was found to be in substantial conformity with federal requirements in the area of **Agency Responsiveness to the Community** because the State engages in ongoing consultation and collaboration. The review also found that child welfare services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. The report noted a need to improve the process of consolidation and government to government relations with Tribes.

Washington State is in substantial conformity with the systemic factor pertaining to **Foster and Adoptive Parent Licensing, Recruitment and Retention** because comprehensive standards for licensing foster family homes and child care institutions have been implemented. These standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. Criminal background checks are also consistently completed for prospective foster and adoptive parents. Recruitment and retention efforts in order to provide an adequate stable, pool of foster and adoptive homes that reflect the ethnic and racial diversity of the children in care was identified as an area needing improvement.

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## Part IV: Development of the Comprehensive Reform Plan

### *Organizational Structure*

The Washington State Program Improvement Plan (PIP) organizational structure consists of oversight and input by Children's Administration (CA) Assistant Secretary Uma Ahluwalia. Ross Dawson, Deputy Assistant Secretary is the lead administrator in charge of the Child and Family Services Review (CFSR) and the follow-up completion of the PIP. Sonja Heard is the statewide manager of the CFSR with M-K Deacon assisting and taking lead responsibility for King County (the largest metropolitan area).

A complement of community partners and agency staff have been involved throughout the CFSR process and into the development of the Program Improvement Plan (PIP). They brought a rich and active element to this plan.

### *Process to a Completed Plan*

Beginning at least a year before the CFSR onsite visit, discussions were held around the state to inform agency staff and community stakeholders about the CFSR process. Discussion of the CFSR always included information on the work that would be ahead in creating a Program Improvement Plan. CA also has had regular conversations with federal partners at the Region X Administration for Children and Families (ACF) office with regard to planning for the PIP. These conversations have been helpful in understanding the scope of the PIP and the interconnectedness of many of the needed improvements, including the process for consolidating the PIP requirements with an agency reform plan.

Washington enjoyed the advantage of being reviewed somewhat later than many other states by having consultative conversations with other states to learn about their experiences in the CFSR and PIP creation. Also, in preparation for creating the PIP, through partnership with ACF, training was offered to invited agency and community stakeholders to learn the focus and basic rudiments of the PIP. This was held soon after the onsite review.

Ten workgroups were established to focus on identified areas in the plan where improvement was needed or on areas where CA wanted the input and focus of staff and community partners on strategy to effect change. Most of these workgroups had co-facilitators representing the agency and community partners. Workgroups consisted of a very dedicated and hard-working group of agency staff and community stakeholders from every level of the participating organizations and agencies.

The ten workgroups included Tribal representation and participation from other diverse populations in our state. Participants in the workgroups throughout the CFSR process, including the PIP workgroups, have included foster parents, mental health professionals, health care professionals, Assistant Attorneys General, education

professionals, law enforcement representatives, public defenders, and many other stakeholders representing Children Administration's community partners in addition to interested agency staff.

In partnership with the National Indian Child Welfare Association (NICWA) and the Child Welfare League of America (CWLA), Children's Administration hosted meetings on the East and West side of the state with interested Tribal members to receive their specific input regarding the PIP.

The workgroups were asked to make recommendations for improvement that were specific, and measurable in some form. They were charged to create benchmarks and define outcomes in the process. The workgroups were also asked to prioritize their recommendations.

The ten workgroups for the PIP were:

1. Case Review
2. Resource Family Recruitment and Retention
3. Permanency
4. Safety
5. Service Array
6. Staff and Provider Training
7. Well-being: Family Engagement/ Social Worker Contact
8. Well-being: Education
9. Well-being: Mental Health
10. Well-being: Physical Health

The workgroup reports were submitted to the CFSR/PIP project team leaders. Common themes were analyzed and synthesized by the project team and overlapping recommendations were combined. A draft report was submitted to CA management for discussion. In mid-April, Washington State's Program Improvement Plan was approved and submitted by Uma Ahluwalia, DSHS Assistant Secretary for the Children's Administration and Dennis Braddock, DSHS Secretary.

## Part V: Vision for Future Practice and Approach to Reform

The public child welfare system is full of many challenges. Daily, we face the challenge of balancing and addressing a child's needs for safety and permanency. We face the challenge of involving family members and kin in supporting the child's needs for safety and security while responding to the community that holds us accountable to maintain our vision of child and family well-being. We do all this in a time of diminishing public resources.

Amidst these challenges, we must stay focused on our vision for the goals and outcomes we want to achieve and our values as a system. First and foremost, we plant the value of keeping children safe in our communities. The value of preserving family relationships and kin connections for children is central to our vision of safety. Our commitment is to address the needs of children and families in the least intrusive way, achieving positive outcomes in our communities; outcomes that will show evidence of our use of best practices. We are committed to working together with community partners; we recognize that as a public system, this work doesn't belong to us and that we cannot do this work alone.

This plan puts our vision into sharper focus and creates a scale for us to use to measure our success in achieving safety and permanency for children. Several years ago the 'Kids Come First' Action Agenda was adopted. This plan is Phase II of that action agenda; it reaffirms our commitment to that original vision and carries us deeper into practice improvements that will gain more positive outcomes on behalf of children and families in the state.

The plan was created around the core values of safety, permanency and well-being of children in our system. Central to those values is the recognition of building relationships and involving families earlier and more meaningfully in creating opportunities for their involvement in planning for services and in the decision-making process. Also significant is the need to maintain connections between children, their parents, kin and communities when those children are removed from the care of their parents. We recognize that we must expand our array of services to address the unique and demanding needs of serving adolescents in the community. Finally, our work must be attendant to maintaining, building and sustaining community partnerships, collaboration and relationships so that all this work can be shared and strengthened by working together in pursuit of more positive outcomes for children and families in Washington.

Good, productive relationships with foster and adoptive parents (resource parents/families) are a vital part of our value structure to achieve good outcomes for children in this system. Recruiting and retaining foster and adoptive parents is a core strategy for creating a strong child welfare infrastructure. This plan details not only our understanding of the value of this concept; it promotes an action plan to get us to these outcomes.

The challenges we face will require dedicated effort; we already have many of the tools and we'll need to continue building the good will necessary to take the step forward making changes in our system. Consistency of practice around the state, between and in the regions, is a core value of this plan. Our clients and consumers must know what they can expect of us and we must know what we're expected to deliver. This provides a foundation of accountability to the community, the legislature, and ultimately, to every citizen of the state. Achieving these goals is going to require us to engage in a culture of change in our system, change that will drive us to achieve more positive and timely outcomes for the most vulnerable children and families in our community.

Our vision for change and reform does come without costs. We will need additional resources, both in staffing and expertise, to build capacity to reach the outcomes we have described. Some of the strategies and outcomes anticipate that personnel can be reassigned to cover a different role. We need to resource the training and technical assistance needs and we anticipate a legislative decision package to reflect the necessary legislative changes and fiscal additions required to reach this vision. We must maximize our potential to build partnerships with private agencies and foundations to assist us in reaching our goals, by providing both fiscal and technical support to carry out strategies in the plan. This work of partnering with the private sector has begun and will continue to be essential to reach the outcomes we seek.

Our relationships with provider partners and collaborative partners in the community are essential to our success in reaching the most positive outcomes for children and their families. Many of those partners worked side-by-side with us in developing, reviewing and providing input on the plan and the strategies for change. Their input was rich and deepened and challenged our thinking about how we can accomplish our goals. We continue to value their contributions, challenges and their commitment to assist us in achieving the goals and holding these values up to the people we serve.

## Part VI: Overview of the 10-point Plan

The State of Washington's child welfare system is proposing a bold new vision for protecting children and supporting families. This is our Kids Come First: Phase II - Safe Kids in Healthy Families, Comprehensive Reform Plan abbreviated as the Phase II - Kids Come First Plan. There are several opportunities that drive the creation of this plan; our Kids Come First Phase I plan, our pursuit of accreditation, the federal Child and Family Services Review, our increased focus on an outcomes-driven learning organization that is managed with and informed by data. In addition we also are in the process of organizational restructuring and realignments, there are opportunities to align with the Priorities of Government (POG), and a present moment in time when change is both needed and accepted by our internal and external stakeholders.

This plan outlines our vision and our strategies, articulating this bold new vision for protecting children and supporting families. We will put safety of our children first and will be using strategies such as shared decision making and family engagement as part of the package of core strategies to improve outcomes and reduce the overrepresentation of children of color in the child welfare system. We want to change the organizational culture, enhance our public-private partnerships and most importantly use best practice methodologies to bring about consistency of practice. We also want to be positioned to use self-evaluation tools to analyze and operationalize lessons learned when the evidence points to good outcomes, creating and sustaining good practice.

Throughout the plan, a ten point vision agenda is apparent. The themes of this Kids Come First, Phase II vision are:

- Keeping children safe in our communities;
- Achieving permanency for all children and reducing the multiple placements of children in out-of-home care;
- Preserving family connections for children in out-of-home care and enhancing mental and physical health and educational attainment;
- Engaging and involving families in case planning;
- Providing an expanded array of services for adolescents;
- Enhancing kinship care and support for caregivers;
- Addressing resource family recruitment and retention efforts;
- Utilizing consultation and collaboration in ways that will build our capacity to serve children and families in their communities;
- Building and refining an array of services and accessibility to best meet the needs of children and families; and
- Refining our commitment to quality assurance and best practice standards to ensure we are working efficiently and effectively.

## Safety

Safety is, and remains, our priority for every one of our child welfare-related services. It is our common and constant focus across and among programs. Washington's comprehensive response and commitment to child safety is exemplified by the primary goals of the 'Kids Come First' Action agenda, a comprehensive statewide initiative developed in 2001 to address the practice approach in the field in response to child abuse and neglect. The goals of this action agenda were: 1) to make child safety the first priority; 2) to improve the wellbeing of children in out-of-home care; 3) to improve the quality and effectiveness of the state's child welfare services; and 4) to support community partnerships that protect children, increase their stability, and help expedite permanency in children's placements.

In committing our efforts to this new chapter, the Phase II 'Kids Come First', we affirm our commitment to the previous goals and action agenda of Phase I and have created an additional action agenda in this plan to carry the work of safety and permanency deeper into our practice and into our shared goals with partners in the community.

There are several important issues that appear in the data regarding the safety of Washington's children that we address with this plan. Washington fell short of meeting the standard of substantial conformity in regard to the timeliness of initiating a response to a report of child abuse and neglect and the recurrence of maltreatment. We are challenged to not only meet timelines, but to support earlier intervention with children when maltreatment is reported. While the data shows the number of child maltreatment reports continues to fall (not dramatically, but a steady slight downturn), the number of reports of child neglect continues to rise. This, in addition to the noted areas of improvements above, point to opportunities to improve and sharpen our response to child maltreatment in the state.

The steps we take to act on child abuse and neglect reports must be more responsive and timely to support the child's deserved level of safety and to assure the community at large that we are trusted partners in responding to their reports. It is also affirmed in research that earlier intervention with families after an incident lends to a greater potential for successful outcomes for both the parent(s) and children. Thus, by focusing resources on our response timeline, we should be successful in creating a decline in our maltreatment recurrence rates. Also, by using the available tools efficiently and effectively, our ability to get the best information before us when we are called to make decisions, with the family's input, should create a climate where there are lower rates of recurrence.



The outcome we seek is to keep Washington's children safe. We have four distinct challenges and goals to meet in regard to child safety: improving the timeliness of initiating reports of child maltreatment; reducing repeat maltreatment; reducing risk of harm to the child; and enhancing the quality, effectiveness and efficiency of child protective service investigations. We will do this by:

- Reducing response time on Child Protective Services referrals;
- Improving the quality of intake services;
- Reducing the number of chronically referring families;
- Implementing a revised system of findings of child abuse and neglect;
- Improving the percentage of safety plans and risk assessments completed within required timeframes;
- Improving the quality of safety assessments and safety plans;
- Restructuring the CPS and CWS model;
- Improving our response to child neglect;
- Developing an adolescent service model incorporating FRS, CWA and CPS components; and
- Continuing to work with the development and implementation of the statewide interagency domestic violence protocol.

Some of the major benchmarks and strategies we will use to affect these outcomes and goals are:

*Shorten our response time on Child Protective Services (CPS) referrals:*

Requiring earlier face-to-face contact with children who are reported to be at risk of maltreatment is directly responsive to our outcome. Our goal is to initiate a quicker response, with an assured face-to-face contact with the child. To do this we will respond to emergent child abuse and neglect issues with a face-to-face contact in 24 hours. For non-emergent cases, we will make contact with the child (face-to-face) in 72 hours, with documentation. Our contact with family members and providers in these situations is pivotal. We must make every effort to begin this process and start offering services and assessments at the earliest moment in time to gain the outcomes we seek in creating an impact on achieving child safety.

*Clearly Define Roles of CPS Social Workers:*

More definitive and clearer roles for Child Protective Service social workers will be created to emphasize that their primary task is to conduct the investigation and assessment. This will give us greater capacity to shorten our response time. If additional services are warranted, the role of CPS will be to transfer, or in some cases to team the case with/to a colleague for in-home services, child placement and reasonable efforts, or other services and case management. This will reduce the number of cases CPS social workers are actively carrying (and thus reduce their workload) and enable them to see children quickly and more

thoroughly assess for safety and risk. This restructuring will also keep the work of the child protective services social worker very focused on risk and safety assessments and investigations. Their primary role will be assessing the merits of the allegation that resulted in an accepted referral or a removal for the fact-finding hearing.

*Implement Family Team Decision Making Meetings:*

Implementing Family Team Decision Meetings within 72 hours of a child's placement in out-of-home care will ensure the family is involved in early case decision making and planning. This process will give us an earlier opportunity to engage the family in discussion about safety needs and risks, services, and options for the family and the identified child(ren). It also gives us an earlier opportunity as an agency to come to the table to voice our protective concerns and give parents and often the extended family the opportunity to be heard in expressing their ideas and plans, identify family resources and discuss visitation.

Through these team decision-making meetings, there will not only be earlier family involvement, there will be opportunities for early identification of tribal affiliation and engaging and involving fathers and paternal relatives in the decision-making and planning processes.

*Strengthen our Approach and Response to Child Neglect and Chronicity:*

By focusing on cases where we receive multiple referrals in an identified time period, or indicators of chronic neglect, we can focus on providing services through a comprehensive and multi-disciplinary team effort to assist families. This is intended to achieve better outcomes than we have experienced in these situations in the past. Recent research confirms that an intense, multi-disciplinary focus on providing services to chronic maltreatment situations has a higher potential of success in reaching the threshold of safety and wellbeing for the children in the home. This research also confirms that effective intervention with neglectful families is based on the relationship the service providers build with the family, thus engaging the family early in all the case processes.

*Using Safety Plans and Risk Assessments to Guide our Decisions:*

Likewise, we need to be complete and comprehensive in using the tools that speak to safety and risk. The tools become integral in determining which services are most appropriate and have the greatest chance of addressing the attendant safety and risk concerns. Completing an investigation in a 75-day period opens the door to early and effective provision of services in our community. On an in-home services case, services can be directed toward a plan to assure the safety of the child(ren); in an out-of-home case, to begin the process of considering if, how and when children can return to the home. This

is directly responsive to our commitment to maintain children in their families' care and home if safety of the children can be assured and supported; only removing children when their safety remains an area of concern.

*Strengthening and Building our Capacity:*

Supporting and maintaining a prepared, well-trained, and culturally competent workforce linked to strong supervisors with caseloads that allow for the time needed to build relationships with families and community partners and complete good casework is key to this reform. It is also essential that caseworkers have the technical support, tools and information they need to do their jobs well.

The goal of keeping children safe must involve our most valuable partners; family members, community partners, and resource families. Case plans should be built with family involvement in the development process, using extended family members' involvement where available. Also, we must be attentive to working with community partners (for example, our partners in public assistance, domestic violence, mental health, and drug and alcohol services, family preservation) who provide both clinical services for the family and those partners who provide natural systems of support for the family and intersect with the children in many capacities and provide important information on their wellbeing.

## Permanency

Achieving permanency for all children and increasing stability of placement for children in out-of-home care are our foremost goals in speaking to permanency for Washington's children. Every child needs to have a permanent family to grow and thrive. To achieve this we must emphasize and enhance maintaining connections with the child's birth and extended families, with their home and school communities and with their cultural heritage and community. This commitment to permanency creates the stability and security necessary for optimum emotional, physical, psychological and educational growth and advancement.

Permanency must also be seen as an array of options we create and access for a child in a community. Not every child will be able to be raised in their family home and by their parent(s). However, when a child is being cared for by relatives or foster care providers, they must have opportunities to maintain ties to parents, siblings, neighborhoods, and other people and places important to them. These permanency "markers" for children become essential in creating a sense of self and in understanding their own personal and familial history.

Permanency and stability in placement must be built around outcomes; positive outcomes that support children receiving what they need to grow and thrive. A recent report refers to the "high cost of foster care placement" not in terms of dollars, but in terms of the social and psychological costs to children who are placed in foster care and separated from their world of parents, kin, and community.

Several of the goals we are committed to include:

- Children can return home and be safe in that home. When it is time for reunification, children are ready to go home and families are ready to welcome children home (assuring that safety and supports are in place so that the reunification will be successful). This is in direct response to the need to show improvement on the high rate of foster care re-entries.
- Thorough safety assessments (making full use of the Kids Come First tools, Transition and Safety Plans) will be completed prior to a child leaving placement to assure that the level of risk is properly assessed and safety plans are in place. If a child cannot return home safely, we must proceed to come back together as a team of decision-makers and re-evaluate the decision for the child to leave placement, or renegotiate the plan for the child.
- Families will have timely access to the services required to address the conditions and factors noted in the plans and the assessments.

- Maintaining and enhancing placement options for children, including resource family recruitment for foster and adopt placements, and maintaining our low rates of institutional placement of children.

In response to creating this diverse menu of permanency goals for our system, we are focused on these additional challenges: enhancing the stability of foster care placements, achieving a permanency goal for each child, enhancing the reunification of children and the use of guardianship or legally permanent placement with relatives. Also we are committed to strategies which show promise in increasing the number of adoptions and enhancing adoption services, building and maintaining permanence for those children in planned permanent living arrangements, developing a new Child Welfare Service (CWS) model, and addressing the disproportionate number of children of color in our foster care system.

In order to address these goals and challenges, some of the major strategies we will pursue are:

*Engagement to Support Permanency:*

Engaging relatives, fathers, tribes and communities early and often as effective resources gives us additional options to pursue in making reasonable efforts and planning reunification strategies for the child. This will also give us an earlier opportunity to assess relatives as placement options for children, when children cannot return to the care of their parents, and to build plans together with families to address safety and permanency from the beginning of the case.

*Revising the Child Welfare Services (CWS) Model:*

The planned revisions include creating a new in-home and voluntary child welfare services track to serve families who have been referred through Child Protective Services. Creating these services will enhance our ability to work with parents and children together in the home at an earlier moment in time which may reduce the need to place the child in a setting outside the home.

*Reducing Multiple Placements of Children in Care:*

Multiple placements create multiple separations for children impacting their well-being and feelings of security. We will employ the following strategies to reduce the number of multiple placements children experience: focusing on strengthening our capacity for identification of placement options; better matching for placement decisions; early family involvement to identify familial placement resources and in decision-making; creating early opportunities for an exchange of information between parents and resource parents; and providing additional supports for resource families. are strategies we will employ to reduce the number of multiple placements children experience. The recommendations of the Multiple Placement Workgroup has informed our work in this area and

provided a broad array of strategies we can use to lower the number of placements and lessen the impact of multiple placements. Also, prior to disruptions or upon indication of a disruption, a Family Team Decision-making Meeting will be convened to discuss the issues at hand. Data from *Family To Family* sites around the country have demonstrated the success of these meetings prior to placement disruption as a strategy that enhances placement stability.

*Increasing Support Services:*

Support services and resource centers will be established for post-guardianship and post-adoption services to support care providers with the challenges of parenting and in maintaining the care of children living with them. We anticipate this includes new financial supports for guardians as well as access to an array of services for both guardians and adoptive (resource) parents.

*Implementing Program Strategies to Address Permanency:*

Central to achieving our desired outcomes will be attending to program strategies that will increase placement stability and reduce multiple placements for children in care. Some of the strategies are developing and providing respite services and creative respite options in the community to create support for caregivers, including emergency respite to preserve placements; and facilitating special staffings to prevent disruptions. We will also look at best practice options to achieve better outcomes in identifying and matching placements for children and use data to assist with developing a deeper understanding of present outcomes to strategize on how we move to desired outcomes.

Increased recruitment for specialized adoptive parents is necessary. This will include recruitment within extended family networks, locating and recruiting resource families in the communities and neighborhoods where children are coming into care, in other identified neighborhoods and in schools, and will emphasize child-specific recruitment, where appropriate.

We will sharpen our commitment to address the disproportionate number of children of African American, Latino, and Native American heritage in the foster care system by implementing new services and strategies directed at identifying placement and permanency resources through an IV-E waiver. In addition, we will strategize on ways to create community partnerships to address the needs of this group of children and their kin.

Increasing the number of legal risk placements we make assures early permanency and stability for those children who can be identified upon early entry as potentially benefiting from adoption or another planned long-term custodial option. Shortening the timeframe it takes to move a child through the legal and adoptive process to finalization will give us permanency for these

children in a more timely way. The Unified Home Study process, now underway, should provide an important resource for achieving this outcome.

Children who have been in the system over two years will have a Permanency Staffing. A multi-disciplinary team with community representation will evaluate options, review file data and the plan for permanence to determine what it will take to get the child into a permanent home/placement.

For children who are going to move into legal adulthood while in, or shortly after leaving placement, we will pursue options to support permanency and maintain connections within the context of a family whenever possible and with the assistance of mentors. We will accomplish this by creating options that allow us to continue to serve these young adults with support and transition services, including continued placement, mentoring, educational, behavioral and social supports through age twenty-one. This will assist youth in continuing to move into adulthood with more positive results and outcomes than research and data currently indicate. This challenge will require creative thinking and ambitious stretch goals to encourage the traditional system to think beyond current service and resource parameters to meet the challenge of providing permanency for young adults seeking both connection and autonomy.

Participating in Court Improvement Plan activities is aimed at improving outcomes for safety and permanency where they are impacted by court system interfaces such as reducing continuances; stabilizing rotation of commissioners and judges in family court; and supporting family drug courts as an avenue for doing strong permanency and family engagement work.

*Promote Relationship Building between Birth Parents and Resource Family Caregivers:*

Facilitating early birth parent/foster parent or relative meetings (“handshake” meetings) focused on the child’s needs, routines, patterns of living and behaviors can reduce the trauma of removal and placement for a child and parent(s). This early conversation will assist in building relationships between parents and resource family care providers and creates a more seamless delivery of services and care in meeting a child’s needs and adjustment at a very difficult time in the child’s life.

Parent and relative involvement in the process is crucial and should be early and often. Research has shown that this is not only crucial in maintaining the bond between the child and the parent/relative, it is crucial to the child’s overall well-being. Involvement must include a range of activity from finding/locating all parent(s), finding relatives who have a connection to the child(ren), giving all parties access to the placement and decision-making processes and meaningful opportunities to maintain contact with the child. It also includes supporting them through this process with what it will take to

maintain or strengthen relationships and providing what it will take to get them to the next step in the plan for the child.

As with child safety, the work of creating and committing to the permanency needs of a child requires the resources and participation of many facets of the community. Partnerships are crucial to achieving the desired outcomes of permanency and stability for children in the child welfare system. Identified partnerships with families and relatives (again, early and often) to participate in team decisions concerning the care of the child; with providers to facilitate access to services identified in the individualized service plan to help the parent(s) work towards getting their child(ren) home; with Tribes to assure that we have involved all the resources that the Tribe can offer in planning and supporting Tribal connections for children and families can lead us to these outcomes. We also need to partner with communities to assure that our placement and reunification resources are culturally competent and community-rich to maintain important connections for children to their communities, neighborhoods, and traditions; and finally with courts and legal partners to reduce the time of legal process for children who need involvement of the court to both plan for and create permanency options.

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## Engagement

Engaging families in identifying strengths and protective factors; in making decisions and in active case plan development is central to our work to achieve the outcomes of safety, permanency and well being of children.

The foundation and goal of engagement is the construction of relationships with the families we serve. This must include every parent and all kin with connections to the child(ren), or kin who might be resources to consider for child placement and/or family support. Building relationships with families and kin requires a well-trained and prepared workforce that can demonstrate and communicate respect, skills of engagement with families, and skills of cultural competence.

Our challenges in reaching our outcome of full family engagement at every point in the system include: identifying and involving all parents, and when appropriate, kin; increasing social worker visits with children and all parents, and providing services to meet the needs of children, parents and resource parents.

Major strategies in response to those challenges and outcomes include:

- Engaging families means that we must be capable and thorough in identifying and locating parents, resource kin, and identifying tribal affiliation.
- Once identified, our processes must not only be friendly, but a step beyond. We must place stronger emphasis on giving family and kin participatory rights and engaging them in the active case plan building, identifying strengths and protective factors, service needs, and placement if this becomes necessary.
- One of the strategies for early engagement of families and kin is through Family Team Decision-making Meetings. If longer meetings or opportunities to build plans are required, a Family Group Decision-Making conference can be scheduled. We have the resources and tools required to make family engagement a cornerstone of our work in child welfare.
- Our policy will require face-to-face contact between social workers and parents, and social workers and children, every thirty days. This will institutionalize our commitment to build and maintain our engagement/relationship with families and give us additional opportunities to enhance relationships, review plans and progress, and stay updated on essential matters in the case.

Involving parents, kin, the child and siblings where appropriate in decision-making and planning requires skills and a commitment of time, resources, and will to make it

happen. It is central to the mission of family engagement leading toward more positive safety and permanency outcomes for children. Understanding and carrying through with plans to engage and involve families is very difficult work that requires creativity, flexibility, and applied problem-solving casework skills and approaches. Good supervision is essential for a social worker to do this work well, as this is a front-line task supported by the system. Therefore, we must build and support a supervision model that has capacity to support social workers in family engagement outcome successes in our system.

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## Child and Family Well-being

Preserving family connections for children in out-of-home care and enhancing mental and physical health while maintaining educational attainment is central to our outcome of creating opportunities for children to be safe, secure, connected to kin, meeting the normal developmental challenges of childhood in a family setting.

Getting to that outcome means that we will have to focus on these specific challenges in Washington: assisting children in attaining their educational goals and meeting their educational needs; addressing the physical health and mental health needs of children; and preserving connections for children.

Responding to these challenges and to achieve our outcome, we propose the following major strategies:

- Promoting and actively seeking, engaging and initiating partnerships that will build capacity with school and community agencies to improve educational outcomes for both children in out-of-home care, and children who are receiving in-home services.
- Establishing a Parent Aide program to assist with visitation and parent/child contacts and to assist in mentoring and teaching parents' skills that will be useful in encouraging developmental strides and stronger relationships with their children. This will also include establishing and maintaining sibling and relative contact, and community ties when/where appropriate.
- Clearly articulating a role for resource parents in assisting and mentoring birth parents with building and maintaining strong relationships with their children. In order to do this well, we will communicate our expectations to resource parents that this role is valued and reinforce this role in provided training.
- Integrating Pre-Passport (formerly Kidscreen) and Passport programs will be a useful tool to gather, document and track well-being information. Using this tool and strategy will help us provide more seamless and timely services to children and families and share information with providers who are working with those children and families on goals to enhance the child's well-being.
- Providing access to appropriate mental health services and early childhood development and learning resources are crucial to a child's well-being. Collaboration and implementation of the fruits of those collaborative encounters will advance our work in this area.

## Adolescents

Building an array of services for adolescents requires a commitment to look at service needs in both a large context so that the service array is comprehensive, and in a microcosm that allows for individual planning around the specific needs of the individual adolescent. Safe and healthy children, connected to family(ies) and community, moving successfully into young adulthood is our outcome.

While the needs of adolescents certainly fall within the goals of the aforementioned section of Child Well-Being, our vision is to place a distinct focus on this particular group of children because they have specialized needs. These needs can be some of the most difficult to resource. For those adolescents in out-of-home placement, the developmental transition into adulthood can be a time of great disruption and can create a lot of turmoil for a youth/young adult. Additionally, current data shows outcomes for youth of color as they age out of the foster care system that are troublesome, both in Washington and on a national level. Our challenge is to find ways to serve these youth and have access to an array of services that are directly responsive to the needs of these youth, both those in foster care and those remaining at home. While we are fortunate to have the current Family Rehabilitation Services (FRS) program, it needs to be strengthened as we enhance and build on the existing service array.

Our vision is to build a bridge for adolescents, a bridge that will assist them in moving into adulthood successfully, with positive outcomes: strong support systems, community ties, family and kin relationships that are intact, educational attainment, employment, and good physical and mental health. Building this bridge is going to be complex and require an array of resources. It will take the best thinking of not only those in the public child welfare system, but certainly from our partners in the community and resources from programs and foundations across the country that have worked to grow positive outcomes for youth emancipating from their parents or from out-of-home care.

Our specific challenge in this area is delivering assistance to this group through both in-home and out-of-home services. Major strategies we will use to meet these challenges and our goals for serving adolescents include:

- Maintaining youth in the child welfare system until they turn 21. This strategy will assume that youth will need services and placement, unless they choose to opt out of the service. It is anticipated that while they are in out-of-home care, they will be pursuing an educational or vocational goal.

- Revise Independent Living Services to better prepare and support youth through their transition to adulthood, with emphasis on building bridges for youth of color in their home and tribal communities.
- Creating opportunities to build partnerships in the community that will impact better educational outcomes for transitioning youth. Partnering with schools, both public and private educational institutions and creative agency efforts to keep youth in the educational stream is our goal. We also plan to find ways to create and sustain mentoring and tutoring programs that are responsive to the needs of youth to meet their educational and vocational goals and move them ahead on their desired education, employment, and career plans.
- Increasing the focus on achieving permanence for adolescents by developing this array of services, developing tools and processes to do more focused and individualized planning for youth (i.e. using “no wrong door” staffings and other specialized meetings to prepare youth for emancipation), and by keeping a focus on the need to be creative in building permanence into every individual plan for an adolescent.
- Continuing the work of the interagency workgroup that is developing a DSHS adolescent service model. We are anticipating that our strategy will import the work of these experts who have been thinking about, developing and are close to publishing their model of services within DSHS for this group of youth.
- Establishing (or re-establishing) a Youth Advisory Committee and conferences for youth. This will build opportunities for youth support and mentoring and give them voice in the process of service delivery and how we should be looking at and constructing this bridge of services to best meet their needs.
- Providing much-needed reconciliation services for youth to assist them with strengthening, re-establishing, or resolving their relationships (or the loss of those relationships) with their birth family members, kin, and community.

A measure of success for this group will be the availability of an array of services, the bridge, which will give them both roots and wings.

## Kinship Care

Successful family engagement, one of our foremost goals in this plan, involves identifying, recruiting, and supporting kin to step forward and become caregivers and develop, maintain or enhance their relationship with the identified children. An essential step toward achieving permanency for children is to preserve connections they have with relatives and kin. Our outcome is that every child have supportive kin in their lives. Supporting these kin to take up their role in the life of the child is the goal. Enhancing relative placements and access to services for kinship providers will be integral to achieving this goal. In addition, some of the major strategies we will employ to meet our outcome and goal are:

- Conducting comprehensive searches for kin, early and often. Once we identify kin and tribal affiliations and communities, we will invite them to the table to become decision-makers and solution partners in planning for the child, particularly in planning for permanence in the child's life (using Family Team Decision-making Meetings and Family Group Conferences). Where appropriate, kin providers will be encouraged and supported to be full time caregivers for children; however, if that is not possible, support will be provided to kin to maintain their ties to the child through visitation and other means.
- Providing support through training stipends when kin care providers seek to be licensed to provide care for children. This will allow kin providers to access the training resource parents currently receive, with financial support.
- Clarification of the process to establish guardianships for kin who will or wish to make a legal commitment to care for children. Guardianships are part of our vision of the array of options we must build into the system to provide permanence for children in our custody. Guardianship changes anticipate the shift of custody from the state to the kin provider.
- Establishment of post-guardianship support and information resource centers to provide a place for kin providers to get assistance with needs related to the child, or with the establishment of the guardianship itself. We anticipate this to include assistance with financial, legal, medical, and other service referral needs.

Our partnership with kin and family members is focused on achieving the best permanency outcome for the child. Involvement and engagement of families in building this plan for a child is not only the best practice outcome, it is central to our value of maintaining contact and preserving relationships between parents, kin, and children.

## Resource Family Recruitment and Retention

Our partnership with foster and adopt parents, our resource families, is a focal point in creating the strategies to make our vision of safety, permanency and family engagement a reality in the field. Resource families have one of the most important roles in child welfare; they care for the children. They also carry an important link in helping children in their care maintain connections with parents, kin and communities from which the children come. Resource parents are natural mentors and teachers; our partnership with them as care providers must honor their roles as mentors and team members in caring for the child and helping the team move ahead toward a positive permanency, reunification or emancipation outcome for the children.

We face challenges in reaching our outcome of a full partnership with resource parents that fully supports our work to keep children safe and in stable and permanent homes. These include: creating a teamwork relationship between resource parents and social workers; and finding ways to recruit, license, retain and provide support for resource families. Achieving the goal of strengthening our relationship and partnership with resource parents will require these major strategies:

- Creating a Request for Proposal (RFP) to find providers to implement strategies across the state, enhanced resource family recruitment, retention and support. This will give multiple vendors and providers an opportunity to bid competitively for the services we need in order to assure outcomes in recruitment and retention are achieved, and to build and enhance local support systems for resource parents in each region. This is also responsive to our goal to focus on communities, neighborhoods, places to recruit (e.g. schools), and specialized recruitment initiatives for specific children and groups of children in our care.
- Initiating after-hours (24 hour) crisis support lines for caregivers to assist them with the support and assistance they need during hours when they cannot access their foster care social worker. Another strategy will be to create policy that requires a quick phone call return when a foster parent needs assistance or to discuss a matter (24 hr. call-back goal).
- Inviting caregiver participation in all staffing and decision-making forums. This gives a clear indication to resource parents that they are members of the team and that we value and invite their participation at the table.
- Establishing a conflict resolution system to enhance communication by increasing problem solving opportunities and continuing open and direct communication between providers and child welfare staff. A number of new models are promising in providing guidance on how to negotiate and



talk through difficult conversation and situations. We will explore these strategies so that each region has a process for resolving conflict and maintaining good, productive working relationships.

- Developing tribal licensing processes. This will create more flexibility for tribal communities in deciding who and how they should license people, kin and non-kin to provide care, increasing options for child placement, and strengthen our government-to-government relationship with the tribes.
- Developing and maintaining regional plans for resource family recruitment. Creating and providing resources to support these plans will allow a region to recruit in communities where they need placement options for identified groups of children (i.e. older children, special needs children, children of color). This strategy will give regions the flexibility to recruit in response to placement data and community demographics (where children are living or enrolled in school) as well as in or at places in the community that provide the best recruitment sources, e.g. schools and/or community centers.
- Working together with each licensed provider to create annual assessment and development plans. These conversations will provide opportunities to talk with providers about training, skills, and assess how they are feeling about their role, the children in their home, and their work as a resource parent. It gives them an opportunity to express their needs as a parent for skill enhancement, respite, raise concerns, and voice other issues that impact their work with the child and the agency. Licensing workers will also be required by policy to make quarterly contact with resource parents to assess whether there are needs or concerns not being met.
- Hosting cross-training opportunities to build and enhance relationships between resource parents and social workers in an environment where they are learning together and discussing their common goals and mission in doing this work. Just having the opportunity to “have a chat” outside of the rigors of a daily schedule can create many opportunities for communication that underscore our common commitment to this work with children and families.

Finally, it is time to change our culture about how we view our partnership with resource parents. We cannot do our work and achieve the outcomes we seek without their help. They must be full partners in our process of assuring safety and permanency for children in our communities.



## Consultation and Collaboration

Achieving our outcomes and goals in this plan cannot be a reality without the assistance of our collaborative and consultative partners in the private sector, the public sector, with the administration of the courts, and with our diverse community partners. It is clear that government cannot do this work alone; we must engage the private sector as partners in this work and in the plan to achieve the identified outcomes. The process of developing this plan with outcomes and strategies was rich with insight and input from those sectors; it is clear that we will need the assistance of those same partners, and more, to move forward with this plan. We all share the outcome and desire to keep children safe, secure and provide permanency for children in our community. However, the multiplicity of approaches to this idea creates the richness of texture to build the full complement of services that we must be able to deliver in our service array to meet the needs of children and their families in each and every community.

Goals we are committed to in reaching this shared outcome include improving our consultative processes with tribes; improving our collaboration in the delivery of mental health services; continuing our collaboration with Drug and Alcohol Services Administration (DASA) to improve the delivery of chemical dependency services; building, continuing, and enhancing our collaboration with Economic Services Administration (ESA), the Aging and Disabilities Administration, and courts and court administration. Our partners in education and domestic violence programs, public and private child welfare providers, and Catalyst for Kids will be crucial partners in this work. And, we will continue to collaborate with a complement of partners to re-design “front-end” services for adolescents, to use data and data outcomes to identify approaches that have proven success and seek collaborative partnerships with agencies and providers who can deliver these approaches and services.

Major strategies to reach these goals include:

### *Collaboration of services for relative care providers:*

A Memorandum of Understanding (MOU) will be developed with Economic Services Administration (ESA) and Aging and Disabilities Administration to coordinate and collaborate on identifying a Temporary Assistance to Needy Families (TANF) program contact person in every office to work with relatives who need assistance. Also, collaboration with Aging will focus on supports grandparents need to care for children in their home.

*Enhancing our partnerships and relationships with Tribes:*

We will concentrate efforts on improving government-to-government relationships with Tribes, including keeping Tribes informed of different funding streams; integrating agency plans, reforms and 7.01 plans; conducting an ICW Summit; and creating processes for conflict resolution to keep communication flowing between the governments.

*Collaboration on creating an array of children's mental health services:*

Continuation of the collaboration and joint efforts to create a comprehensive children's mental health services array will be an important strategy to assist our reform plan. This collaboration will include activities directly responsive to implementing the plan created.

*Working with Drug and Alcohol Services Administration (DASA):*

One of our strategies will be to create an MOU with DASA to include a contract monitoring structure for urine analysis (UA) providers to make this service more effective and responsive to the needs of our clients and to the requirements of case plans.

*"No Wrong Door" staffings:*

Multi-disciplinary "No Wrong Door" staffings will be implemented for youth/young adults six months prior to their exit from foster care. This will assure that we have a comprehensive focus on their needs as they leave the child welfare system, and plan accordingly for their needs to be met through other programs or service structures in the community.

*Array of service for adolescents:*

We will continue to collaborate with and between the Juvenile Rehabilitation Administration (JRA), Mental Health, Children's Alliance, the courts, and the Children's Administration (CA) on a redesign of the service array and structure for adolescent clients. Current collaborative efforts are focused on building a plan; our collaboration will continue to support this newly created plan through implementation.

*Cross-training on the Domestic Violence (DV) Protocol:*

Implementation of cross-training for DASA, MH, ESA, and service providers with DV advocates will continue and further our efforts at implementation of the Domestic Violence Protocol.

*Working with Service Providers to Focus on Outcomes:*

Our work with partners in the community who are providing services to our client must be focused on outcomes that align with this plan. The services our provider partners deliver must be responsive to safety and permanency, family involvement, individualized to the child and family, culturally responsive and competent, and informed by data of best practices and approaches that show success and movement toward achieving the positive outcomes we seek.

*Common agenda collaboration:*

Our efforts at partnering with other agencies and entities to advance a common agenda (i.e. Catalyst for Kids, Court Improvement, schools and education) will be an important part of reaching our goals in this reform plan. We will seek out opportunities to engage our partners in our work and participate when invited to pursue common agendas together.

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## Array of Services

Many other sections of this plan have detailed the idea of creating service arrays for both family members and children/youth in our care. In addition to the array strategies detailed elsewhere, our vision is to work with our partners in the Juvenile Rehabilitation Administration (JRA), Drug and Alcohol Services Administration (DASA), and Mental Health to jointly create a new model to address the mental health needs of children in our system. Our outcome is to deliver a culturally competent and accountable service array that addresses the diverse needs of children and families. This array must be responsive to the issue of over-representation of children of color in the child welfare system; addressing this issue is critical to improving the public child welfare system.

Goals include revision of the contract development and monitoring process; creating enhanced services in the area of chemical dependency; constructing individualized services plans for our clients; and creating assurances that our services are culturally responsive. Several major strategies which will inform these goals include:

- Providing training for contracted providers on ICW and creating a process to assure and monitor the provision of culturally responsive services.
- Partnering with organizations to develop models of services delivery to address issues of disproportionality in the foster care system, and building an array of culturally competent services for the disproportionate population.
- Sponsoring diversity training for all Children's Administration (CA) staff and contracted providers.
- Revising the contract process to be more responsive to the outcomes we need our contractors to achieve.
- Completing and using Pre-Passport profiles in all regions as a planning tool.

## Quality Assurance

A plan of this magnitude would be meaningless without creating the accountability or infrastructure to do our work better, with enhanced skills and knowledge, and to do our work with our eyes on outcomes and progress. Thus, our Quality Assurance outcome is to support our ability and capacity to do the work well and to measure our efforts.

Goals for us to achieve the outcome are to enhance staff training, enhance resource family (foster and adopt parent) training, and to use the case review process as one measure of results. A few of the major strategies we will use to accomplish these goals include:

### *Documenting Parental and Relative Involvement:*

The case review process will review documentation of parental and extended family involvement to measure and track our method and rate of family involvement. This will assist us in better relating the actual practice in the field to the desired outcomes for family engagement, permanency and safety factors. It will also inform our decisions about what and how to offer training to enhance skills for field staff.

### *Indian Child Welfare (ICW) Compliance:*

We have a number of strategies to track our compliance and need for skill building with ICW. Case reviews will track compliance with ICWA (Indian Child Welfare Act), use of ICW (Indian Child Welfare) specialists to provide consultation and one-on-one training, training for resource families on ICW, and providing reports and census data on compliance to the tribes are several of a group of strategies we will use to track our commitment in this area.

### *Providing training to Children's Administration (CA) staff and providers:*

Delivering training on a number of different levels and delivered in a variety of ways is central to building our infrastructure and capacity to do our work well. Several of the strategies we will use to inform this effort include providing mandatory on-going training for staff to assist them with the need to keep skills and knowledge current and to keep staff engaged and developing, implementing a training academy for supervisors, and offering advanced CPS training.

## **Part VII: Measuring Progress with the Plan**

The Washington State Comprehensive Reform Plan identifies clear goals to be addressed related to all areas identified as requiring improvement in the CFSR final report. In addition, the plan identifies specific action steps and bench marks for achieving these goals. The plan further includes specific dates for achieving the action steps, bench marks and overall improvement goal.

The Washington State Comprehensive Reform Plan will utilize three types of measurement to determine completion of each benchmark.

### **1. Process outcome measure**

Some activities and tasks are of a process nature (For example, implementing new policies, protocols or training). Progress on these measures cannot be determined through specific data measures or case reviews. Consequently we will monitor progress on achieving process outcomes through verified completion of action steps against identified bench marks.

### **2. Data outcome measures**

Washington State will replicate the NCANDS and AFCARDS data profiles on a six month basis to track progress on achieving target measures related to the six federal CFSR data measures. Achievement of the improvement goals will be assessed by reaching the improvement goals over two consecutive 12 month periods.

In addition, the Washington State automated case information data base (CAMIS) will be utilized to track progress related to other goals and bench marks (For example frequency of social worker contact with children and families, frequency of parent/child visitations). Progress on achieving some data outcome measures will also be assessed through the case review model (For example: completion of required assessment and case plans in accordance with state timelines; timely response to reports of abuse and neglect). Achievement of these improvement goals will be assessed by reaching the improvement goals by the target date and/or completion of the two year CFSR/PIP timeframe.

### **3. Qualitative outcome measures**

The well established Washington State case review program will be utilized to assess progress on improving the quality and consistency of statewide child welfare practice. The case review model requires that local office practice across all services is reviewed annually by the state case review team, and semi-annually by regional peer review teams. This process results in approximately 2,200 cases being reviewed annually (approximately 10 percent of all cases). All reviews utilize the same case review methodology. The case review methodology will be revised to measure progress on identified items within the plan not previously included in the case

reviews. The case review program will report both on compliance with service standards such as completing a safety assessment and plan within required time frames, and also on the quality of such assessments and plans. Achievement of qualitative improvement goals will be assessed by reaching the required performance benchmark over two consecutive reviews by completion of the two year CFSR/PIP timeframe.

Implementing and measuring progress will be supported through specific, ongoing Continuous Quality Improvement (CQI) strategies. These include:

### **Local Office CQI**

#### *Supervisory Case Review*

Supervisors will continue to review cases with their staff on a monthly basis as required by policy. During these reviews they will focus on practice areas identified in the CFSR as requiring improvement.

#### *Standing CQI Teams*

Currently, there are 22 local offices standing teams in operation. These teams are composed of a cross section of local office staff, and community representation. The Standing Continuous Quality Improvement (CQI) teams review data from case reviews and performance data measures for their office on a quarterly basis. Annually the teams develop an office improvement plan for addressing identified areas requiring improvement.

The Local Office Standing CQI Teams will be expanded to all 44 offices by December 2004. All teams will be required to review performance data measures monthly and case review data quarterly, and report their status monthly to regional management.

#### *Regional CQI*

Each of the six CA regions will establish a CQI lead. The CQI lead will be responsible for supporting Regional Management in reviewing regional performance measures and case review data on a monthly basis, and developing regional action plans to support achievement of the plan improvement goals applicable to their region.

#### *Headquarters CQI*

The headquarters office in Olympia will be reorganized in July 2004 to better align the goals of CA with the organizational structure. The new Division of Practice Improvement will be responsible for providing performance and case review data

monthly and quarterly to local offices and regions. This Division will also provide monthly and quarterly statewide and regional performance reports to the Children's Administration Management Team.

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## Part VIII: Reporting Progress with the Plan

Regular reporting out of progress in achieving improvement goals is an important aspect of our Comprehensive Reform Plan. Regular progress reporting to the Department of Health and Human Services is a CSFR requirement. In addition, Washington State believes that public accountability is essential for building community and stakeholder partnerships and improving child welfare services. The majority of the proposed improvements require staff, community and stakeholders' partnership and effort to achieve. Providing regular and accessible progress reports is essential in checking our course and achieving our improvement goals.

Our progress reporting plan includes the following:

### *Department of Health and Human Services*

It is proposed that the quarters for reporting be January-March, April-June, July-September and October-December. Reports will begin with the first quarter following the publishing of the approved plan. Reports will be filed on:

August 15th  
November 15th  
February 15th  
May 15th

The reports will be filed six weeks following the end of the quarter to allow for data assimilation following the completion of each designated quarter. Washington will work with the local Region X ACF office to identify reporting requirements in the quarter immediately preceding the CFSR to integrate the content of the quarterly findings with the Statewide Assessment.

### *Public and Community*

- Quarterly progress reports will be available through the Children's Administration internet home page.

### *Stakeholders and Partners*

- Quarterly progress reports will be provided to the statewide Child, Youth, and Family Services Advisory Committee.
- Quarterly progress reports will be provided to the Indian Policy Advisory Committee (IPAC)
- Quarterly progress reports will be provided to the Foster Parent Association of Washington State and other community partners
- Quarterly progress reports will be provided through the Children's Administration internet home page

*Department of Social and Health Service Agencies*

- Quarterly progress reports will be presented to the DSHS Cabinet which includes the Secretary, Deputy Secretary and the Assistant Secretaries for all Administrations

*Children's Administration*

- Quarterly progress reports will be available through the Children's Administration intranet home page
- Each local office will receive monthly and quarterly reports regarding their office improvements, regional improvements and statewide improvements
- Regional management teams will receive monthly and quarterly reports regarding their office and regional improvements, and statewide improvements
- Children's Administration Management Team will receive monthly and quarterly reports regarding regional and statewide improvements.

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**Part IX: Signature Page**

**Program Improvement Plan Agreement Form**

**Agreements**

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

_____ Name of State Executive Officer for Child Welfare Services	_____ Date
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_____ Name of HUB Director/Regional Administrator, ACF	_____ Date
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